Health Education

Performance Measure Instructions

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Washington Service Corps
Health Education
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Overview

Community problem

Rates of preventable and/or chronic disease and obesity are increasing in Washington State and are disproportionately high among people of lower socioeconomic position (SEP), compared with those of higher SEP. Lower-SEP people may be particularly vulnerable to preventable and/or chronic disease and obesity because they have fewer resources and less effective coping strategies, as well as more potent sources of stress (Washington State Department of Health, 2013). Higher stress levels and limited resource access means they are more likely to have multiple behavioral risk factors, including smoking, less physical activity, and the consumption of fewer fruits and vegetables (Cutler, & Lleras-Muney, 2010). The State's severe opioid abuse and overdose crisis, which involves both prescription opioids and street drugs is also having a disproportionate impact in the state's lower-SEP communities (University of Washington Alcohol and Drug Abuse Institute, 2020). The COVID-19 pandemic has drastically exacerbated this crisis, increasing isolation for individuals struggling with mental health and substance abuse problems.

Intervention

AmeriCorps members placed at community-based organizations across Washington state will deliver evidence-informed education and activities to the public on multiple topics related to health, nutrition, and substance-abuse prevention, including the link between obesity and chronic diseases; the positive impact of healthy eating and physical activity; and the safe storage, use, and disposal of prescription opioids. Education and activities will promote positive health knowledge and behaviors in individuals. All education and activities

will be tailored to the populations being served. The range of evidence-based health education and health-focused activities sites will provide includes Tai Ji Quan: Moving for Better Balance, Chronic Disease Self-Management programs, Share Our Strengths, Cooking Matters, "It Starts with One," and others. Interventions will be designed to increase knowledge and/or to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups, or communities. While specific dosage levels may vary from site to site among programs within sites, a minimum dosage of one, 60-minute education or activity session will be required to count individuals in the output or outcome targets. Research shows that education focused activities are associated with improved attitudes and self-efficacy and a healthier dietary intake in adults and children (Hasan et al, 2019); that programs for youth result in statistically significant increases in their nutrition knowledge and decreases in junk food consumption (Slusser, et al, 2013 Research is demonstrating that children who grow their own food at school are more willing to taste, and even enjoy, healthy fruits and vegetables (Chong Ling Chan, Pui Yee Tan & Yun Yun Gong, 2022).

Dosage

While the specific dosage levels may vary among the multiple health education programs, service sites must intend to provide an individual with a minimum dosage of one, 60-minute education within the AmeriCorps member's term of service to count that participant in the output.

Performance Plan

- Before the start of each program year, Washington Service Corps (WSC) will request that a representative from your organization complete and return a performance plan form.
- Use this performance plan form to:
    - Identify annual output and outcome targets;
    - Describe how performance data will be collected, stored, and analyzed; and
    - Provide the name and contact information of the staff person responsible for reporting WSC performance data.
- Complete and return the performance with your application.
- The information provided in the performance plan will help WSC understand your program, better enabling WSC to provide technical assistance and helpful resources.

Reporting

Quarterly reporting system and process

- Every service site will designate one staff person to complete WSC's quarterly reports. This person will receive automated email reminders when it is time to complete the report.
- Every three months, the designated site staff person will log in to WSC's reporting system and enter output and outcome numbers covering the past three months. Theywill also upload a class-level tracking document to verify quarterly report totals.

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Quarterly report

- [Reporting system login page]
- Quarterly report schedule
  - Q1 (Sep-Nov): Report available December 1-15th
  - Q2 (Dec-Feb): Report available March 1-15th
  - Q3 (Mar-May): Report available June 1-15th
  - Q4 (Jun-Aug): Report available Sept 1-15th

Tracking document

- Service sites may develop their own tracking document or utilize WSC's template tracking document.
  - At minimum, tracking documents will include the following information for each education class:
    - Class start date;
    - Class completion date;
    - Type of education provided;
    - Number of sessions in the education class series;
    - Number of participants;
    - Number of participants completing at least one education session of at least 60 minutes each;
    - Number of participants showing improvement on (1) individuals reporting a change in behavior or intent to change behavior or (2) for knowledge gain, three correct answers on the post survey when compared to the pre-survey;
    - Identifying information like names, addresses, and phone numbers should be removed from the tracking document before uploading it into the quarterly report.

Outputs and Outcomes

Overview

- The designated staff person will report on one output and one or two outcomes for the Health Education performance measure each quarter.
  - Output: # of individuals who start the program that quarter.
  - Outcome 1: # of individuals reporting a change in behavior or intent to change behavior that quarter.

  OR

  - Outcome 2: # of individuals with increased health knowledge
- Each participant should only be counted once, even if they complete multiple separate education sessions. This is called an unduplicated count.

of participants who started the program (output)

- Individuals should only be counted in this output if they satisfy the following criteria:
  - The education program in which they are enrolled will be delivered using evidence-informed curricula and presentation strategies and tailored to the populations being served.

- The education program in which they are enrolled will have a frequency of at least one session, each with a duration of at least 60 minutes.
- The education program in which they are enrolled started during the quarter being reported on.

of participants who demonstrated improved healthy behavior (outcome 1)

- Participants should only be counted in this outcome if they satisfy the following criteria:
  - They were counted in the output.
    - Administer a post-intervention survey that measures each participant's self-reported change in behavior or intent to change behavior to improve their health on health-related topics.
    - Report an UNDUPLICATED number of individuals who make a pledge to improve health because of the education or training they receive.

OR

of participants who improve in health knowledge (outcome 2)

- Participants should only be counted in this output if they satisfy the following criteria:
  - They were counted in the output (# of participants who started the program).
  - For the Knowledge Based outcome, administer the pre-survey at the start of the first session and the post-survey at the end of the last session.
  - If this option is chosen, then an "increase in knowledge" will be defined as an increase of at least three correct answers on one of the post-training assessments, compared with the pre-training assessment.
  - Pre- and post-surveys must contain the same questions.
  - Survey questions must be directly linked to pre-defined learning objectives.

Technical Assistance

For assistance related to performance measurement and reporting, contact:

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